

County: Brown
 BORNEMANN NURSING HOME, INC.
 226 BORNEMANN STREET

Facility ID: 1670

Page 1

GREEN BAY 54302 Phone: (920) 468-8675
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 118
 Total Licensed Bed Capacity (12/31/01): 131
 Number of Residents on 12/31/01: 101

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 102

Corporation
 Skilled
 Yes
 Yes
 Yes
 102

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.6
Supp. Home Care-Personal Care	No					1 - 4 Years		43.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.9	More Than 4 Years		13.9
Day Services	No	Mental Illness (Org./Psy)	20.8	65 - 74	16.8			-----
Respite Care	No	Mental Illness (Other)	3.0	75 - 84	27.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.0	95 & Over	9.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	21.8	65 & Over	91.1	-----		
Transportation	No	Cerebrovascular	9.9		-----	RNs		11.0
Referral Service	No	Diabetes	4.0	Sex	%	LPNs		10.2
Other Services	Yes	Respiratory	3.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.8	Male	33.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	214	53	91.4	114	0	0.0	0	30	100.0	137	0	0.0	0	0	0.0	0	96	95.0
Intermediate	---	---	---	5	8.6	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	5.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		58	100.0		0	0.0		30	100.0		0	0.0		0	0.0		101	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	9.9	55.4	34.7	101
Other Nursing Homes	0.8	Dressing	9.9	69.3	20.8	101
Acute Care Hospitals	90.0	Transferring	25.7	42.6	31.7	101
Psych. Hosp. -MR/DD Facilities	0.4	Toilet Use	31.7	34.7	33.7	101
Rehabilitation Hospitals	0.0	Eating	72.3	11.9	15.8	101
Other Locations	1.9	*****				
Total Number of Admissions	259	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.9	Receiving Respiratory Care		8.9
Private Home/No Home Health	40.5	Occ/Freq. Incontinent of Bladder	44.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	35.6	Receiving Suctioning		0.0
Other Nursing Homes	3.8			Receiving Ostomy Care		3.0
Acute Care Hospitals	22.3	Mobility		Receiving Tube Feeding		3.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.0	Receiving Mechanically Altered Diets		26.7
Rehabilitation Hospitals	0.4					
Other Locations	9.8	Skin Care		Other Resident Characteristics		
Deaths	23.1	With Pressure Sores	6.9	Have Advance Directives		98.0
Total Number of Discharges		With Rashes	3.0	Medications		
(Including Deaths)	264			Receiving Psychoactive Drugs		55.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Peer Group	Ratio	Bed Size: 100-199 Peer Group	Ratio	Licensure: Skilled Peer Group	Ratio	All Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.3	82.7	0.93	83.8	0.92	84.3	0.92	84.6	0.91
Current Residents from In-County	89.1	82.1	1.08	84.9	1.05	82.7	1.08	77.0	1.16
Admissions from In-County, Still Residing	14.3	18.6	0.77	21.5	0.67	21.6	0.66	20.8	0.69
Admissions/Average Daily Census	253.9	178.7	1.42	155.8	1.63	137.9	1.84	128.9	1.97
Discharges/Average Daily Census	258.8	179.9	1.44	156.2	1.66	139.0	1.86	130.0	1.99
Discharges To Private Residence/Average Daily Census	104.9	76.7	1.37	61.3	1.71	55.2	1.90	52.8	1.99
Residents Receiving Skilled Care	95.0	93.6	1.02	93.3	1.02	91.8	1.04	85.3	1.11
Residents Aged 65 and Older	91.1	93.4	0.98	92.7	0.98	92.5	0.99	87.5	1.04
Title 19 (Medicaid) Funded Residents	57.4	63.4	0.91	64.8	0.89	64.3	0.89	68.7	0.84
Private Pay Funded Residents	29.7	23.0	1.29	23.3	1.27	25.6	1.16	22.0	1.35
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	23.8	30.1	0.79	37.7	0.63	37.4	0.64	33.8	0.70
General Medical Service Residents	22.8	23.3	0.98	21.3	1.07	21.2	1.07	19.4	1.17
Impaired ADL (Mean)	48.9	48.6	1.01	49.6	0.99	49.6	0.99	49.3	0.99
Psychological Problems	55.4	50.3	1.10	53.5	1.04	54.1	1.03	51.9	1.07
Nursing Care Required (Mean)	6.4	6.2	1.04	6.5	0.99	6.5	0.99	7.3	0.88